



Focus on Private Clinics in Benin

Promoting the use of a life-saving intervention—active management of the third stage of labor

Benin was part of the US Agency for International Development's Special Initiative on Postpartum Hemorrhage from 2003 to 2005, during which time many providers working in public health facilities were trained in active management of the third stage of labor (AMTSL). The Association of Midwives of Benin and the Society of Obstetricians and Gynecologists of Togo and Benin recognized an important gap in training of private-sector providers and decided to do something about it.

With funding from the Prevention of Postpartum Hemorrhage Initiative (POPPHI), the two associations trained midwives from private clinics in AMTSL. The training involved private clinics in the following regions, representing 6 of the 12 departments of Benin (Atlantique, Littoral, Ouémé, Plateau, Zou-Collines, and Borgou-Alibori). In Benin, there are more midwives trained than the public sector can employ, and all midwives trained after 1987 are working in the private sector. This results in a large number of midwives running their own private clinics. The clinics serve a large number of women in the communities. However, these midwives often are not able to take advantage of government training and updates.

The training facilitators found that the providers were not monitoring

women after birth. As a result of the training, the providers committed to monitoring all women for at least the first two hours after birth.

The associations also distributed posters to the clinics to use as a job aid for the steps of AMTSL.

Communities are enthusiastic about this new, life-saving technique. According to Dr. Sosthene Adisso, a member of the obstetric/gynecologic association, "The women giving birth will talk about how you don't bleed much in the maternities now. There are women who say that you don't bleed anymore. This promotes AMTSL in the hospitals and the communities. Those who give birth in the homes give birth in the hospitals when they hear this."

Having an impact on the incidence of postpartum hemorrhage in private clinics also reduces the burden on public facilities. Often, by the time women arrive at the national referral hospital with a postpartum hemorrhage, it is too late. Tackling this problem earlier on, when the woman is giving birth, will result in saving lives.

As part of their POPPHI grant activities, the associations are also tracking how many births are performed at the clinic each month and how many women receive AMTSL. To date, they have seen a marked increase in the number of women receiving AMTSL after delivery. In the three months following the training, 82 percent of the births received AMTSL.

About POPPHI

The POPPHI project is led by PATH and includes four partners: RTI International, EngenderHealth, the International Federation of Gynecology and Obstetrics, and the International Confederation of Midwives. With funding from the US Agency for International Development, POPPHI works to reduce postpartum hemorrhage (excessive bleeding after delivery)—the single most important cause of maternal deaths worldwide. Among its activities, POPPHI awards small grants to midwifery and obstetric/gynecologic associations to support activities that expand the use of AMTSL (use of a uterotonic drug, assisting with the delivery of the placenta, and massaging the uterus after delivery) and other evidence-based interventions that reduce PPH.



Grantee organizations have engaged in a number of activities: organizing national meetings and workshops on preventing PPH and improving provider skills in AMTSL and use and availability of uterotonic drugs.

POPPHI has awarded 15 grants to associations within Africa, Asia, and Latin America and the Caribbean. To learn more visit www.pphprevention.org.